Application for Escalator and Moving Walk Installation Permit

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337

	<u> 176</u>									
OFFICE USE ONLY										
STATE SERIAL NUMBER										
PERMIT NUMBER										
PERMIT APPROVED BY	DATE									

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority:	1967 PA 227	DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with
Completion:	Mandatory	disabilities.
Penalty:	\$50.00	uisaumites.

- constant																
BILLING INFORMATION																
ELEVATOR LOCATION (Building	Name)										COUNTY					
LOCATION (Address)	CITY							ZIP CODE								
BILLING INFORMATION (Owner	or Designa	ted Agent)	BILLING ADD	RESS				CITY				STATE	ZIP CODE			
DEVICE	T	MANUFACTU	JRED BY		MANUI	FACTURE	ER'S NUMBE	R TRA	VEL BETW	EEN			TRAVEL	DIRECTIO	DN .	
☐ ESCALATOR ☐ MOVING	WALK								FLO	OR AND	F	LOOR	□UP	□ DOW	/N □ HORIZO	NTAL
RATED STRUCTURAL LOAD			RATED MACH	HINERY	LOAD			RATEC	BRAKE					NUMBER	R OF STEPS EX	POSED
	LBS					l	LBS					LBS				
OPERATING SPEED	FPM		VERTICAL RI	ISE FT_		ا	IN	HORIZ	ONTAL DIS	TANCE E	BETWEEN	COMB PI . IN	LATES			
DEVICE																
WIDTH OF DEVICE BETWEEN B		DES 27" ABC	OVE TREAD					l	OF STEPS							
☐ 24" ☐ 32"	☐ 48"		I	IN				☐ 16"		22"	□ 4	0"				
BALUSTRADE MATERIAL			STEP OR PA	LLET TR	EAD MA	TERIAL		HAND	RAIL MATEF	RIAL			COMB P	PLATE MAT	TERIAL	
TYPE OF HANDRAIL ENTRY DE	VICE		С	LEARAN		WEEN RI	ISER AND BA		READ		LANDING YES		READ ILLU NO	READ ILLUMINATION ADEQUATE		
SKIRT DEFLECTOR DEVICE	STEP/SK	(IRT PERFOR	RMANCE INDE	X	MAXIM	/IUM LOA	DED GAP		COMB-ST	EP OR I	PALLET IMI	PACT DE	VICE	DECK B	ARRICADES	
☐ YES ☐ NO					<u></u>		_ IN		☐ YES ☐ NO				☐ YES ☐ NO			
HANDRAIL SPEED MONITORIN	G DEVICE		SAFETY ZON		- 1		DETECTORS		STEP OR PALLET LEVEL DEVICE						R PALLET DEVIC	E
☐ YES ☐ NO STOP BUTTON LOCATION			☐ YES ADEQUATEL	N D	-	YES ANTI CLU	□ NO □ YES □ NO IDE DEVICE SKIRT OBSTRUCTION DEVIC						☐ YES ☐ NO			
STOP BUTTON LOCATION		!	ADEQUATEL	T WARK	⁻	ANTI-SLII	DE DEVICE		SKIRT OF		OP	CE		E	воттом	
			☐ YES	□N	10	☐ YES) ☐ YES ☐ NO			1	☐ YES ☐ NO				
MACHINE																
TYPE OF DRIVE				I			AY PROVIDE	D			MOTOR H	I.P.				
☐ WORM GEAR AND SPROCK VOLTAGE	KET L	WORM GEAL	R TING VOLTAGE	☐ YE	:S	□ №	GOVERNOR	O TVDE					TDIDDIN	IO ODEED		
	□рс	OPERA	TING VOLTAGE		□рс	,	GOVERNOR								FPM	
ESCALATOR DRIVING-MACHIN		ORQUE	⊔ х			<u>′ </u>										FPIVI
METHO			1				LOCAT	ATION MEASUREMENT								
☐ BREAKAWAY	☐ DYN	IAMIC	□мо⁻	TOR SHA	AFT						N DRIVE SI	HAFT				FT/LB
GOVERNOR SEALED		TEST TAG AT					REVERSAL	AL STOP DEVICE TYPE BROKEN DRIVE CHAIN DEVICE TYPE								
☐ YES ☐ NO		YES	□ NO			\longrightarrow										
CHAINS GUARDED ☐ YES ☐ NO	[]	STEP OR PA	LLET WHEEL [DIAMETE	±R	- 1	TRAILER WI	HEEL DI	AMETER			WHEE	LIREADI	MATERIAL	•	
	<u> </u>					_ IN					IN					
CONTRACTOR SIGNATU		RANCH OFF	ICE (City)				LCOM	PANY NI	IMBER	CONTR	RACTOR LIC	CENSE N	LIMBER	PERMIT	FFF	
			102 (01.9)					. ,	,52.1	00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O.M.B.L.T	\$		
CONTRACTOR'S SIGNATURE													DATE	<u> </u>		
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			102 (01.9)					. ,	,52.1	00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O.M.B.L.T	\$		
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LOCATION (Address)						CITY							710 0005	
LOCATION (Address)	CITY							ZIP CODE						
BILLING INFORMATION (Owner or Design	gnated Agent)	BILLING A	DDRESS			CITY				STATE			ZIP CODE	
						<u> </u>								
DEVICE Bescalator Bescalator Moving Walk	MANUFACTI	JRED BY		MANUFACTO	JRER'S NUMBE	ER TRA	VEL BETW		_			DIRECTIC	N ☐ HORIZOI	LITA I
RATED STRUCTURAL LOAD		RATED MA	ACHINERY	LOAD		RATED		OR AND	h	LOOR	LI UP		R OF STEPS EXF	
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OPERATING SPEED		VERTICAL	RISE			HORIZO	ONTAL DIS	TANCE E	BETWEEN		ATES	I		
FI	PM		FT_		_ IN		!	FT		IN				
DEVICE														
WIDTH OF DEVICE BETWEEN BALUST	_	OVE TREAD				1 _ /	OF STEPS							
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TYPE OF HANDRAIL ENTRY DEVICE			CLEARAN	FT		ACK OF T	READ		LANDING:		D TREAD ILLUMINATION ADEQUATE ☐ NO			
	P/SKIRT PERFO	RMANCE IN	DEX	MAXIMUM LO	DADED GAP				PALLET IMF	PACT DE	VICE	l	ARRICADES	
☐ YES ☐ NO HANDRAIL SPEED MONITORING DEVICE	OF.	SAFETY Z	ONE	LCMOK	IN E DETECTORS		YES		NO	VICE	MICCINIC	YES		_
HANDRAIL SPEED MONITORING DEVIC	GE .	SAFETY Z	ONE N								MISSING STEP OR PALLET DEVICE ☐ YES ☐ NO			
STOP BUTTON LOCATION			ELY MARK		SLIDE DEVICE				TION DEVI	CE	Ш 1120		1110	
								TO	OP			В	воттом	
		☐ YES	□N	IO YE	s 🗆 N	0		YES	□ №			☐ YES	s 🗆 no	
MACHINE														
TYPE OF DRIVE	Па	_			ELAY PROVIDE	ED			MOTOR H	l.P.				
☐ WORM GEAR AND SPROCKET VOLTAGE	WORM GEA	R TING VOLTA	GE YE	:S	O GOVERNO	D TVDE					TRIPPIN	G SPEED		
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METHOD		И			LOCA	MEASUREMENT MEASUREMENT								
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GOVERNOR SEALED ☐ YES ☐ NO	TEST TAG A	TTACHED NO			REVERSAL	STOP DE	VICE TYP	E		BROKE	EN DRIVE	CHAIN DE	VICE TYPE	
CHAINS GUARDED	STEP OR PA		L DIAMETE	ER .	TRAILER W	WHEEL DIAMETER WHEEL TREAD MATERIAL								
☐ YES ☐ NO				IN		IN								
CONTRACTOR SIGNATURE														
CONTRACTOR'S COMPANY NAME AND	D BRANCH OFF	ICE (City)			COM	IPANY NU	MBER	CONTR	ACTOR LIC	CENSE N	UMBER	PERMIT	FEE	
CONTRACTOR'S SIGNATURE											DATE	,		
				0	FFICE USE	ONLY								
INSPECTOR'S SIGNATURE / C	OMMENTS													
INSPECTOR'S COMMENTS	~													
INSPECTOR'S SIGNATURE		INSPEC	CTOR NUM	IBER			DATE							